

November 29, 2005

Dear Tenant:

Your landlord has applied for assistance from the Lowell Lead Abatement Program. If the application is approved, your unit will be deleaded. To determine if the property meets the guidelines of our program, we must have the following packet filled out. I realize that some of the information is personal; however, all information will be kept confidential.

The following forms are enclosed:

1. Unit Information
2. Occupant & Income Form
3. The Children's Lead Test form.
4. Tenant Information/Agreement Form
5. How Do I Prepare My Apartment/Home for Deleading

Your cooperation is greatly appreciated. Please take time to read and understand all of the information provided. If you have any questions or need help with the forms, please contact me at 978-446-7285.

Sincerely,
Kelly McDermott
Lowell Lead Paint Abatement Program

**LOWELL LEAD ABATEMENT PROGRAM
UNIT INFORMATION**

This form is to be completed by the head of household. If the unit is vacant, the owner must complete, indicating the unit is vacant, and state the amount of rent that will be charged.

Address: _____

Unit #: _____

Name: _____

Social Security #: _____

(Necessary if you wish a relocation stipend – if eligible.)

Contact Number: _____ Rent Amount: \$ _____

Number of Bedrooms: _____

Do you receive rental assistance? ____ Yes ____ No

If yes, what amount does your agency pay? \$ _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government in order to monitor compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that an agency may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this agency is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

☐ **I do not wish to furnish this information**

Race/National Origin:

☐ American Indian, Alaskan Native ☐ Asian, Pacific Islander
☐ Black ☐ Hispanic ☐ White ☐ Other (specify) _____

Sex: ☐ Female ☐ Male

Female Head of Household: ☐ Yes ☐ No

LOWELL LEAD ABATEMENT PROGRAM
OCCUPANT & INCOME FORM

Please list **every** person living in your unit (include yourself)

The information below will be used to determine if your landlord qualifies for this program. This information will be kept confidential. If you do not provide this information, you may cause the deleading of this property to be delayed or rejected.

Proof of income for each working adult is required. Examples include, but are not limited to, tax returns, 4 recent pay stubs, wage records, employer verification (directly from employer, not the employee). Please indicate if a full-time student.

NAME: _____
(Head of Household)

First	Last	Age	Date of Birth	Sex	Race (optional)	Gross Income (Indicate if yearly, monthly or weekly)

Race: W=White, B=Black, H/L=Hispanic/Latino, N=Native American or Alaskan Native, A=Asian or Pacific Islander, O=Other. The above Race/national Origin information has been requested by the Department of Housing and Urban Development for monitoring purposes only. You are not required to furnish this information. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. This information is provided in compliance with federal requirements and is subject to verification.

SIGNATURE

DATE

FOR OFFICE USE ONLY

Family Size: _____; # of Children Under 6 years: _____ Staff Initials _____
Income: _____; % of Median _____ Date _____

LOWELL LEAD ABATEMENT PROGRAM
LEAD TEST FORM

Name _____
(Head of Household)

Proof of age for children under 6 years of age, who live on the property, is required. Examples include, but are not limited to, a birth certificate, medical records or school records.

Any children under 6 years of age, who visit the property often, should be listed on the back page. Please include their name, age, relation to head of household and time spent visiting the property. (Lead test information not required for these children)

Have they been tested for lead in the past three (3) months?

Name _____ Yes _____ Date _____ Results _____

Name _____ Yes _____ Date _____ Results _____

Name _____ Yes _____ Date _____ Results _____

Name _____ Yes _____ Date _____ Results _____

Name _____ Yes _____ Date _____ Results _____

Name _____ Yes _____ Date _____ Results _____

_____ The above listed children **have not** had their blood lead levels tested in the past three (3) months; however I agree to have them tested at this time and will supply the results to the Lowell Lead Paint Abatement Program.

_____ For religious and/or personal reasons, I choose **not to have** my child (children) tested for lead.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Lowell Lead Paint Abatement Program.

(Parent/Legal Guardian)

(Date)

LOWELL LEAD ABATEMENT PROGRAM TENANT INFORMATION/AGREEMENT FORM

PLEASE READ & SIGN THIS FORM

Program Requirements:

Your landlord has applied to participate in the Lowell Lead Abatement Program. If the property qualifies, a Massachusetts Licensed Lead Inspector will do a lead inspection in your home. If there are any lead hazards identified, a Massachusetts Licensed De-leader will perform deleading work. This work will make your home a safer place for young children who live there or visit.

Your landlord has already agreed to the terms of the program. In order for deleading work to take place, you must also agree to the following:

Relocation during deleading work:

During the time that the deleaders are working in your unit, your family will have to temporarily move out. The **average time is 14 working days**. You cannot go in and out of your unit during this time. You cannot move back in until you have been notified that the work is done and it is safe. To make sure your unit is safe, the lead inspector will take samples for lead dust throughout your home. A laboratory will test these wipes samples. Relocation is required so that no member of your family will be exposed to lead dust during deleading. Massachusetts State Law also requires relocation.

It is advised that during deleading you temporarily relocate with family or friends. This program offers a stipend (check) to help with relocation costs. To generate a check, I need your Social Security Number. The check will not be released to you until after the work is done. The check is only released if you have followed all the terms of the program. There is only ONE check per unit allowed and you will need an ID to pick it up.

Initials _____

Preparing your unit for deleading:

You are responsible for packing and storing your belongings in any room that will be receiving deleading. Attached are the detailed instructions on how to prepare your unit. Basically, all items must be off the walls, curtains/shades removed, decorations, pictures, breakables all put away. All closets should be emptied. Clothing can stay on hangers, lay them on top of beds. Move furniture to the middle of the room (pile things on top of each other if needed). Everything will be wrapped in plastic and sealed. We recommend taking valuable items out of the unit during the lead abatement.

Initials _____

Non-Liability of personal injury/damage:

I will indemnify and hold the City of Lowell, Division of Planning and Development's Lead Paint Abatement Program and its officials harmless against any claims for injury or damage of any kind to persons or property occurring or arising during this program.

Initials _____

Please sign and return this copy

Head of Household

Date

LOWELL LEAD ABATEMENT PROGRAM

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Initials _____

***Please keep this copy**

Instructions to Prepare Your Apartment/Home for Deleading

YOU MAY NOT LIVE IN YOUR UNIT DURING DELEADING IT IS AGAINST THE LAW

PLEASE REMOVE and TAKE WITH YOU ALL VALUABLES AND/OR HAZARDOUS ITEMS
(Examples: jewelry, cash, firearms, etc.)

ALL PERSONAL ITEMS and MOVABLE OBJECTS must be PACKED and STORED, or removed. When possible, you should remove your belongings and temporarily store them elsewhere.
(Examples: food, dishes, pots, pans, curtains, draperies, window blinds, window shades, wall hangings, area rugs, toys, and clothing)

If there is a room(s) that is not being delead, please check with the Technician from the Lead Abatement Program if you can store items in that room.

ALL breakable items, such as “knick knacks” and glassware, should be removed from cabinets or shelves and packed in order to avoid breakage or other damage.

ALL furniture and packed items must be moved to the center of the room, or removed. For example, move the bed to the center of the room. Empty clothing and other items from your closet and pile them on to the bed.

ALL furniture and packed items must be removed from rooms where floors will be delead.

Your belongings will be sealed with plastic and duct tape to prevent contamination.

PLEASE STORE YOUR BELONGINGS AS COMPACT AS POSSIBLE. Lead abatement contractors need to have enough room to do their work!

ALL FOOD MUST BE REMOVED FROM THE CABINETS and THE REFRIGERATOR THEN REMOVED FROM THE UNIT.
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PETS CANNOT STAY IN THE UNIT DURING DELEADING. This includes aquariums, fish bowls, hamsters, etc.

If gas to appliances needs to be shut off, it must be done by you and it must be turned on by you. If contractor has to do this he/she will not be responsible for any damages or problems that may be incurred.

Please initial below to indicate you have received these instructions and the lead safe pamphlet, “Protect Your Family from Lead in your Home.”

Initial: _____ **Date** _____

***Please return this copy**

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